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PROFIT CORPORATION ANNUAL REPORT

1997



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9400001580 (9)

WI DEVELOPMENT, INC.

FILED Mar 25 1997 8:00am Secretary of State



Principal Place	of Business	Mailing Addres	38			·	TOTAL GIVEN COLUMN COLUMN	IN BAND POICH I'r	JA BAIS I I S II(
7900 ISLAND B N. MIAMI BEAC		7900 ISLAND BLVD. N. MIAMI BEACH FL 33180-4906									
						3. Date Incorp 03/29/19	orated or Qualified 94	3a. Date 05/01		eport	
2. Principal Place of Business		28. Mailing Address			4. FEI Number		Applied For				
21		Suite Ant # ole			65-0478						
Suite, Apt. #, etc.		27 Suite, Apt.	Suite, Apt. #, etc.			5. Certificate of	of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State	;			1	mpaign Financing		\$5.00		
Zip Country		Zip Country			Trust Fund Contribution						
24	25 29		30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes 🕟 Yes 🗆 No					
9. Name and Address of Current Registered				1			10. Name and Address of New Registered Agent				
MAT	US, ALAN			81	Name						
7900	7900 ISLAND BLVD.				Street.	Street Address (P.O. Box Number is Not Acceptable)					
' N. M	IIAMI BEACH FL 33160			83			······································	· · · · · · · · · · · · · · · · · · ·			
				84	City			r	85 Zip C	Code	
								FL			
11. Pursuant to office or re agent. I an	o the provisions of Sections 607.050 ogistered agent, or both, in the State in familiar with, and accept the obliga	2 and 607.1508, Flo of Horida Such cha ations of, Section 60	rida Statutes, ange was auth 7.0505, Florid	the above orized by a Statute	e-named the corps.	corporation submits thi poration's board of direct	s statement for the ctors. I hereby acce	purpose of chept the appoin	anging its Iment as	s registered registered	
SIGNATURE	Signature typed or purited name of regenered age	and the second second	ZNICST CO			required when reinstaling)		DATE			
12.	OFFICERS AND		(NOTE HIS	13.	art signature		CHANGES TO OFFI		IRECTOR	S IN 12	
TITLE	DPS					Chan				Addition	
NAME	MATUS, ALAN		1.2 NAME								
STREET ADDRESS	7900 ISLAND BLVD.			1.3 STREET	ADDRESS						
CITY-ST-ZIP	N. MIAMI BEACH FL 33160			1.4 CHY - 9	1 - 2112						
TITLE	OVST		DELETE	2.1 TITLE	:			Ĺ	Change	Addition	
NAME	VOLLRATH, ROBERT			2.2 NAME							
STREET ADDRESS	7900 ISLAND BLVD.			2.3 STREET							
CiTY-ST-ZIP	N. MIAMI BEACH FL 33160		DELETE	2 4 GHY-	ST - ZIP				Change	Acidition	
TITLE NAME			טנננונ	31 TITLE 32 NAME		V LIEB, JAMES	м	L.	, orange	Addition	
STREET ADDRESS				3.3 STREET	ADDRESS	7900 ISLAND					
CITY-ST-ZIP				3.4. CITY-		NORTH MIAMI		22140			
TITLE			DELETE	4.1 TITLE			WEBVII EL		Change	Acdition	
NAME				4. 2 NAME							
STREET ADDRESS				4.3 STREET	ADDRESS						
CITY-ST-ZIP				4.4 City - 9	1-2IP						
TITLE			DELETE	5 1 TITLE] Change	☐ Addition	
NAME				5.2 NAME							
STREET ADDRESS				5.3 STREET	ADDRESS						
CITY-ST-ZIP		······	070.516	54 CHY-5	1 - 71P				Loka	1 4 2 2 2 2	
TITLE		LJ	DELETE	6 1 TITLE				L.	Change	☐ Addition	
NAME				62 NAME							
STREET ADDRESS				6.3 STREET							
CITY-ST-ZIP	v certify that the information supplied	d with this filling door	s not qualify fo	64 City-S		tated in Section 119.07	(3)(i) Florida Statuti	es Hurther co	ertify that	the	

Information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 in August 4 in the receiver of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name